

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NW	74530	03-08-00
O.I.P.E. CLASSIFIER		17	5/13/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		64694	3-31

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	6/25/01
2	11/19/01
3	8/9/02
4	1/22/03
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51	N
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63	✓ ✓
64	✓ ✓
65	✓ ✓
66	✓ ✓
67	✓ ✓
68	✓ ✓
69	N
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75	N
76	✓ ✓
77	N
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84	N
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Claim	Date
Final	
Original	
50	6/25/01
51	11/19/01
52	8/9/02
53	1/22/03
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63	✓ ✓
64	✓ ✓
65	✓ ✓
66	✓ ✓
67	✓ ✓
68	✓ ✓
69	N
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75	N
76	✓ ✓
77	N
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84	N
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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